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48-8651/5

Approved For Release 2001/11/23 : CIA-RDP81-00142R000200100030-9

DD/A Registry

78-120317

9 May 1978

MEMORANDUM FOR: Deputy Director for Administration
SUBJECT : Emergency After-Hours Medical Treatment

1. A slight hitch has developed regarding the attached plan to implement the NFAC Management Advisory Group (MAG) recommendation regarding emergency after-hours medical treatment.

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2. [REDACTED] originally submitted this recommendation to the Suggestion and Achievement Awards Committee in October 1974 and resubmitted it in May 1977 (attached). While waiting to hear from the committee, he chose to pursue an additional channel by surfacing his recommendation through the NFAC MAG.

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3. As you know, the Director approved your proposal to enact this recommendation. [REDACTED] is pleased but understandably interested in receiving credit from the Suggestion and Achievement Awards Committee. Can anything be done along this line?

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[REDACTED]
Deputy Executive Secretary

Attachment

Approved For Release 2001/11/23 : CIA-RDP81-00142R000200100030-9

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UNCLASSIFIED INTERNAL
Approved For Release 2001/11/23 : CIA-RDP81-00142R000200100030-9 CONFIDENTIAL SECRET

ROUTING AND RECORD SHEET

(Med vac)

STATINTL SUBJECT: (Optional)		DD/A Registry	
Emergency After-Hours Medical Treatment		78-1203/6	
FROM: [REDACTED] Office of General Counsel 7C32		EXTENSION [REDACTED]	NO.
		DATE	
TO: (Officer designation, room number, and building)		RECEIVED	FORWARDED
1. OMS 1D4061 (For Concurrence)		18 April	
2. OS 4E60 (For Concurrence)		18 Apr.	
3. John F. Blake Deputy Director for Admin. 7D24			
4.			
5. EO / DDA		4/18 '78	
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

STATINTL COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

Per your request, attached is a revised coordinated memorandum which takes into account the Office of Security concerns expressed in their memo dated 3 April 1978. In addition to the specific suggestions raised in their memo, we jointly thought it appropriate that you comment in your memo on the beneficial aspects of the proposed program. I have, therefore, taken the liberty of revising your memo to the DCI to include such wording. The changes are indicated in the copy attached to the original.

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Approved For Release 2001/11/23 : CIA-RDP81-00142R000200100030-9 0866/1

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Executive Registry

78-8651/4

DD/A 78-1203/2
20 APR 1978

MEMORANDUM FOR: Director of Central Intelligence
FROM: John F. Blake
Deputy Director for Administration
SUBJECT: Emergency After-Hours Medical Treatment

1. Action Requested: Approve the recommended plan for use of state-certified "paramedics" who agree to assist fellow employees who require emergency medical attention after normal working hours.

2. Background: At its 15 March meeting with you, the NFAC Advisory Group recommended that Agency personnel who are state-certified paramedics be authorized to provide critical after-hours first aid.

This suggestion was initially made in 1974 but two basic objections were raised by the Office of Medical Services (OMS) and the Office of General Counsel (OGC). OMS questioned the competence of the paramedics and OGC expressed concern of the extent to which the Agency could become involved in liability suits. Because of Virginia's certification of paramedics and recent amendments to Virginia's "good samaritan law" which increased the protection for paramedics, it is believed that some action can now be taken to make use of the paramedics who are known to be employed by the Agency.

I asked that a coordinated response to the NFAC Advisory Group request be made by OMS and OGC and their report is attached. Paragraph three presents three possibilities for supplementing emergency after-hours medical treatment. Of the three, they recommend one that presents a somewhat formal program to develop a list of state-certified paramedics who would volunteer their services to assist in after-hours medical emergencies. While there is concern on the part of OGC relative to the U.S. Government's liability, they consider the potential for such claims to be relatively low and would be offset by the reasons justifying establishment of the program.

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DD/A 78-1203/2
Page two

I agree with the view that the benefit of this program would outweigh the disadvantages of potential legal entanglements. While the program is modest in scope, it assists in filling the void which currently exists in the provision of after-hours emergency medical attention. The generosity of these employees and the coordination efforts of OMS, the Office of Security and the Operations Center group could prove to be of invaluable service to our employees.

3. Recommendation: That you approve the suggestion jointly presented by OMS and OGC in paragraph 3.b. of the attachment which recommends establishment of a somewhat formal program whereby the list of state-certified "paramedics" would be provided to the Office of Security and the Operations Center.

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[REDACTED]
John T. Blake

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Attachment [REDACTED]

APPROVED: [REDACTED]

Director of Central Intelligence

24 APR 1978 Date

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*Please draft note
& NFGC MKA
noting action*

DISAPPROVED: [REDACTED]

Director of Central Intelligence Date

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I agree with the view that the benefit of this program would outweigh the disadvantages of potential legal entanglements. While the program is modest in scope, it assists in filling the void which currently exists in the provision of after-hours emergency medical attention. The generosity of these employees and the coordination efforts of OMS, the Office of Security and the Operations Center Group could prove to be of invaluable service to our employees.

3. Recommendation: That you approve the suggestion jointly presented by OMS and OGC in paragraph 3.b. of the attachment which recommends establishment of a somewhat formal program whereby the list of state-certified "paramedics" would be provided to the Office of Security and the Operations Center.

John F. Blake

Attachment

APPROVED:

Director of Central Intelligence

Date

DISAPPROVED:

Director of Central Intelligence

Date

ADMINISTRATIVE INTERNAL USE ONLY

SUBJECT: Emergency After-Hours Medical Treatment

b. a somewhat more formal program would develop a list of state-certified "paramedics" who agree to volunteer their services to assist fellow employees who require emergency medical attention after normal working hours. OMS would verify that their certifications are current and valid and would provide a list of such paramedics to the Office of Security and the Operations Center. These officers would contact a paramedic in an emergency and advise him or her of the need for assistance.

c. a more structured program might establish an OMS auxiliary of such paramedics. This auxiliary would have an official relationship with OMS and would be designed to take advantage of the recent malpractice protection enacted for Federal Government civilian medical personnel. This plan would involve a greater degree of command, control, and administrative impact on the Office of Medical Services and should in our view await a more detailed examination.

4. With respect to the objections of OMS and OGC referred to in paragraph 1, the Director of Medical Services advises that he no longer has any objections based on the competence of individuals who would perform the service, provided such competence has been certified by appropriate state authority.

5. The concerns of the Office of General Counsel remain essentially the same. In the first alternative, the U.S. Government's liability would, in our opinion, be virtually non-existent due to the absence of any governmental involvement. The liability of the individual "paramedic" would depend, in any given case, on the interpretation of Virginia's "Good Samaritan" statute. Application of this authority would result, in all likelihood, in a decision favorable to the "paramedic." Such a decision cannot be guaranteed, however, since each case would have to be judged on an individual basis against the requirements of the statute. In addition a "paramedic" may be required to incur substantial expense in asserting his defense, notwithstanding the fact that the potential outcome would insulate him from liability. The Federal Tort Claims Act and the Federal Employees' Compensation Act may, to a lesser extent, impact on the "paramedic's" vulnerability to suit in his individual capacity.

6. The second alternative creates a greater potential liability against the U.S. Government resulting from the increased sponsorship of the program. The potential is relatively low, however, and may be offset by the strong